## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mainted to the current correspondence address as a miniciated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicated unless correspondence address and (b) and (b) and (b) and (b) and (c) an maintenance fee notifications

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(Depositor's name Lisa McDill (Signature) 10/01/2010 (Det

DATE DUE

ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR 10/661.400 09/12/2003 J. Christopher Marmo 026322-002910US 6665 TITLE OF INVENTION: INSERTING LENSES INTO CORNEAL EPITHELIAL POCKETS TO IMPROVE VISION

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nonprovisional	YES	\$755	\$300	\$0	\$1055	11/02/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
PREBILIC, PAUL B		3774	623-005110			
I. Change of correspondence address or indication of "Fee Address" (37 CFR   156).  Change of correspondence address (or Change of Correspondence Address form PTOSBI 222) attached.  "Fee Address' indication (or "Fee Address" Indication form PTOSBI 47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		eys	and Townsend Crew LLP
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE ForSight Labs, LLC

Menlo Park, California

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Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖄 Corporation or other private group entity 🗀 Government

4a. The following fee(s) are submitted: Issue Fee

Advance Order - # of Copies

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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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